

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	dw	68904	1/1/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Q	11090	1/1/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	1/1/10
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31	✓
32	✓
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34	✓
35	✓
36	✓
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41	✓
42	✓
43	
44	✓
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49	
50	✓

Claim	Date
Final	
Original	
51	1/1/10
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63	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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